

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. _____
Registered No. 152

1. PLACE OF BIRTH

County GilaState Ariz.

District or Township _____

or Village _____

City Globe

No. _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Olive Johnson

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child FemaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes

7. Date of birth

July 28 1930
Month Day Year

5. No., in order of birth _____

8.

FATHER

Full name Randolph Johnson

9. Residence

(Usual place of abode) GlobeIf non-resident, give place and state. Ariz.10. Color or race wh.11. Age at last birthday 21 (Years)12. Birthplace (city or place) Globe(State or country) Ariz.13. Occupation Laborer

Nature of Industry

14.

MOTHER

Full maiden name Aurelia Arrona

15. Residence

(Usual place of abode) GlobeIf non-resident, give place and state. Ariz.16. Color or race Mex.17. Age at last birthday 21 (Years)18. Birthplace (city or place) Globe(State or country) Ariz.19. Occupation Housewife

Nature of Industry

20. Number of children of this mother. 2(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 1(c) Stillborn 021. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 9:40 P. m. on the date above stated.

(Born alive or stillborn.)

Signature T. C. HarperPhysician

(Physician or Midwife).

Address Globe, Ariz.Filed 8/9

1930

E. J. Weighman
Registrar

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from
a supplemental report

Month, day, year

615-728-111